

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS FOR DETECTING CELL APOPTOSIS, the specification of which

is attached hereto.  
 was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_.  
 was described and claimed in PCT International Application No. \_\_\_\_\_  
filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. SERIAL NO.	FILING DATE	STATUS
<u>08/967,625</u>	<u>November 12, 1997</u>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Issued <input type="checkbox"/> Abandoned

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. SERIAL NO.	FILING DATE	STATUS
<u>60/030,961</u>	<u>November 15, 1996</u>	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Gary L. Creason, Reg. No. 34,310; J. Peter Fasse, Reg. No. 32,983; John W. Freeman, Reg. No. 29,066; and John F. Hayden, Reg. No. 37,640.

Address all telephone calls to Gary L. Creason at telephone number 617/542-5070.

Address all correspondence to Gary L. Creason, Fish & Richardson P.C., 225 Franklin Street, Boston, MA 02110-2804.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both,

## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Robert Siman

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: 2646 Bittersweet Drive, Wilmington Delaware 19810

Citizen of: United States of America

Post Office Address: 2646 Bittersweet Drive, Wilmington Delaware 19810

Full Name of Inventor: Donna Bozyczko-Coyne

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: 1703 Flint Hill Road, Landenberg, Pennsylvania 19350

Citizen of: United States of America

Post Office Address: 1703 Flint Hill Road, Landenberg, Pennsylvania 19350

Full Name of Inventor: Sheryl L. Meyer

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: 274 Level Road, Collegeville, Pennsylvania 19426

Citizen of: United States of America

Post Office Address: 274 Level Road, Collegeville, Pennsylvania 19426

Full Name of Inventor: Ratan Venkaraman Bhät

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: 145 Whispering Oaks Drive, West Chester, Pennsylvania 19382

Citizen of: India

Post Office Address: 145 Whispering Oaks Drive, West Chester, Pennsylvania 19382

Applicant or Patentee: Robert Siman; Donna Bozyczko-Coyne; Sheryl L. Meyer; Ratan Venkatraman Bhat

Serial No.: 08/967,625

Attorney's Docket No.: CEPH-0425

Date Filed: November 12, 1997

For: METHODS FOR DETECTING CELL APOPTOSIS

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(d) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am:

the owner of the small business concern identified below:  
 an official empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Cephalon, Inc.

ADDRESS OF CONCERN: 145 Brandywine Parkway  
West Chester, PA 19380

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that: (1) the number of employees of the concern, including those of its affiliates, does not exceed 500 persons; and (2) the concern has not assigned, granted, conveyed, or licensed, and is under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who could not be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization under this section. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled METHODS FOR DETECTING CELL APOPTOSIS by inventor(s) Robert Siman; Donna Bozyczko-Coyne; Sheryl L. Meyer; and Ratan Venkatraman Bhat described in

specification filed herewith.

application serial no. 08/967,625, filed November 12, 1997.

( ) patent no. \_\_\_\_\_, issued \_\_\_\_\_.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate verified statements are required for each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME: ee

ADDRESS: ee

( ) INDIVIDUAL ( ) SMALL BUSINESS CONCERN ( ) NONPROFIT ORGANIZATION

FULL NAME: ee

ADDRESS: ee

( ) INDIVIDUAL ( ) SMALL BUSINESS CONCERN ( ) NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Barbara S. Schilberg

TITLE OF PERSON SIGNING Senior Vice President, General Counsel and Secretary

ADDRESS OF PERSON SIGNING 145 Brandywine Parkway  
West Chester, PA 19380

Barbara Schilberg  
SIGNATURE

January 12, 1988

DATE